

Health *POWER!*

Prevention News • WINTER 2009



HONORING VETERANS

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Linda Kinsinger, MD, MPH
Chief Consultant for
Preventive Medicine

VHA's Transformation—Patient-Centered Care

This issue's theme of "Honoring Veterans" couldn't be more timely. VHA is about to launch what our feature guest writer, Dr. Jim Tuchschiidt, calls "the most significant organizational transformation VHA has undertaken since the 1990's." Dr. Tuchschiidt, along with Ms. Catherine Dischner, RN, is heading up a new Office of Healthcare Transformation in VHA. Together they will lead a large, complex initiative called New Models of Care, which will put new and substantive meaning into the phrase "Patient (Veteran)-Centered Care." This transformational change will impact the way we provide care for our Veterans in a number of ways, from their first visit to a VA medical facility through their on-going visits in primary and specialty care and beyond to their care in community living centers. In fact, one of the most significant changes will be where care is delivered; rather than providing care primarily by in-person visits at our facilities, many "visits" will be done remotely, through secure messages, telemedicine technology, telephone call centers, and other novel ways to reach out to Veterans.

*"A key feature of the transformation will be a **cultural** change within VHA..."*

A key feature of this transformation will be a **cultural** change within VHA, that is, a change in the culture in the VHA organization and its employees in terms of everything we do, so that it's all more patient-centered. Ron Norby, VISN 22 Director, is leading the Patient-Centered Culture Change component of the New Models of Care Initiative. The feature article on page 4 lists twelve key principles of patient-centered care. Several of these principles are certainly what we'd expect on such a list, such as: Honor the Veterans' expectations of safe, high quality, accessible care; systematize the coordination, continuity, and integration of care; and Support and sustain an engaged work force as key to providing Veteran-centered care. I'm sure that most of us in VHA would agree that we're already working hard on these principles.

Several of the key principles will require new attention and focus in our approach to patient care, such as: Enhance the quality of human interactions and therapeutic alliances; Solicit and respect the Veteran's values, preferences, and needs; and Encourage involvement of family and friends. Health care

has traditionally been mostly a "professional-centered" enterprise. Changing the perspective from one in which healthcare providers are felt to have all the answers and patients are to be mostly passive recipients of that knowledge to one in which patients' values and preferences are explicitly sought for and taken into account will take work on everyone's part – clinicians and patients alike. Learning to work together and to negotiate to come up with the best medical decisions will be challenging and maybe even a bit uncomfortable at times. But the evidence in this area suggests that, in the end, better decisions will be made and patients' outcomes will improve.

Some other principles may be a little surprising, including: Incorporate the nutritional, cultural, and nurturing aspects of food; Ensure that architectural layout and design are conducive to health and healing; and Introduce creative arts into the healing environment. A year ago, I was invited, along with several other VHA leaders, to Griffin Hospital in Derby, Connecticut to learn about the Planetree approach, on which these principles are based. We were all impressed

at the impact of these features on the overall ambiance in the hospital. From the softer lighting in the halls to the upbeat music being played in the lobby to the smell of bread baking in a kitchen staffed by volunteers, the effect was just amazing. The hospital seemed to be a friendly, welcoming, comfortable place. While those kinds of changes won't take away all the anxieties of being ill, they should certainly help to lower stress levels of patients and family members dealing with the uncertainties of often complicated medical problems. And we were told that the changes also helped to lower staff stress, as well—clearly a win-win

all the way around. As VHA facilities begin to incorporate some of these design elements, we'll start to see that cultural change appearing. It will be transformative for everyone.

Other major components in the New Models of Care include the Patient-Centered Medical Home model and a new emphasis on Prevention. We will honor Veterans by focusing on services that will help them stay healthy or become healthier, for those with chronic conditions. The next issue of HealthPOWER! will provide more details about the specific components of the Preventive Care Program and

how they relate to the Patient-Centered Medical Home. These components, along with secure messaging, expanded telehealth, individualized health benefits handbooks for Veterans, point-of-service kiosks, and improvements in hospital quality and transparency, will truly be transformational for VHA. There couldn't be a better or more meaningful way to honor Veterans! ■

Linda Kinsinger



Contributed by
James Tuchschiidt, MD
Office of Healthcare
Transformation

Honoring Veterans

Beginning in FY 2010 VHA will embark on a journey to significantly enhance the Veteran's and his or her family's experience while continuing to focus on quality and safety.

The Veterans Health Administration (VHA) has for many years focused on continuously improving the quality and safety of care. Indeed, VHA has led the healthcare industry with respect to these efforts. While VHA has greatly improved care for America's Veterans, more work must still be accomplished to improve the experience Veterans have when accessing VA healthcare services. The Survey of Health Care Experiences of Patients (SHEP) reveals that nationally patients believe VHA employees are very courteous in their interactions, but opportunities for improvement exist. Patients believe VHA does less well at engaging them in health-care decisions, supporting them emotionally, coordinating services, and ensuring timely, convenient access to needed care. Patients generally draw conclusions about the quality of their care based on the experience they have. Most come to us because of chronic disease or acute illness and it is often an emotional experience for them and their families; for some, their experience is literally about life or death. By anticipating the needs of our patients, VHA can exceed their expectations.

Beginning in FY 2010 VHA will embark on a journey to significantly enhance the Veteran's and his or her family's experience while continuing to focus on quality and safety. This will require VHA to develop new models of care that educate and empower patients and their families, focus not only on the technical aspects of care but ensure a more holistic, Veteran centered system, and greatly improve access and coordination of care. While this transformation will focus heavily on transforming primary care in FY10, the foundations will be laid to change all our clinical and business processes. This plan will rely heavily on the vision outlined in the Universal Services Task Force Report.

The first part of this plan lays the foundation to transform VHA's culture to be more patient centered. Beginning in FY 2010, this effort will require a continuous investment over a number of years. Ultimately, it will require every employee, from the Director to the housekeeper, to redefine his or her role within this new context. The Universal Services Task Force laid a foundation for VHA's new models of care. Their April 2009 report laid out twelve principles that will begin to define this new culture. They are:

1. Honor the Veteran's expectations of safe, high quality, accessible care.
2. Enhance the quality of human interactions and therapeutic alliances.
3. Solicit and respect the Veteran's values, preferences, and needs.
4. Systematize the coordination, continuity, and integration of care.

5. Empower Veterans through information and education.
6. Incorporate the nutritional, cultural and nurturing aspects of food.
7. Provide for physical comfort and pain management.
8. Ensure emotional and spiritual support.
9. Encourage involvement of family and friends.
10. Ensure that architectural layout and design are conducive to health and healing.
11. Introduce creative arts into the healing environment.
12. Support and sustain an engaged work force as key to providing Veteran centered care.

In FY 2010, VHA will further define these concepts, involve and begin to educate staff, and develop a systematic plan for permeating every aspect of VA health-care with these concepts. Additionally, VHA will launch several specific initiatives that will be central to this new model of care. The Patient Centered Medical Home (PCMH) will be a cornerstone in this effort, bringing continuity, coordination, comprehensiveness and a patient focus to the forefront. A well-organized team will take a more holistic approach to care, without sacrificing a long-standing, personal relationship between a clinician and his or her patients. The infrastructure necessary for coordinated care must also support health and prevention. We will make a personal health risk assessment tool available online and encourage and

assist patients to develop personal goals for their health and health care. Behavioral interventions and coaching will be available in the clinic and online to assist patients in meeting these goals.

In the future, many healthcare encounters will not likely require a face-to-face visit with a clinician. Laying the groundwork for this transformation, we will deploy secure messaging, social networking, and other telehealth tools to improve the ability of patients to access clinical services in more convenient ways. Services should be available in anticipation of patient's needs with as few seamless intervening steps as possible. Finally, we will empower patients by improving their access to information.

In future years, VHA will continue to train all employees to enhance their skills and abilities to function in this new patient centered environment. We will further enhance the holistic and humanistic aspects of our care, by redesigning our clinical and business processes, and will incorporate patient centric principles into the guidelines for facility construction, remodeling, and leases.

We will evaluate new models of care that create more integrated platforms, bringing together key clinical services in anticipation of needs of discrete populations of patients. For example, Oncology services are often arranged this way now. The patient care team is composed of a medical oncologist, a surgeon, radiation therapist, pain specialist, nurse, nutritionist, and social worker. All these

members are co-located in the same clinic space. There is a common treatment plan developed by the team. Not every patient with cancer will need all these services, but many will at some point in their care. Similar models will be explored for other patient cohorts, such as those with advanced heart disease.

We will explore novel uses of telehealth technology to bring specialized services to more remote locations, improving access, and reducing patient travel. For example, patients now must travel to major VA facility for a cardiology consultation. A new telehealth infrastructure would make it possible for a primary care clinician to consult a cardiologist in a referral site while the patient is in their clinic. Many subspecialty services could be made more convenient and readily available with this technology. Telepathology and teleaudiology are two that we are currently exploring.

This journey will represent the most significant organizational transformation VHA has undertaken since the 1990's. At that time, VHA underwent an enormous restructuring that changed eligibility, shifted care from the inpatient setting, initiated primary care services, and focused efforts on improving quality and cost effectiveness. Many observers have written about the tremendous accomplishment of those efforts. VHA will capitalize on the lessons learned to ensure that this challenge is met with the same success. ■

Contributed by
Richard Harvey, Ph.D.
Program Manager for
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Wellness for All!

Employee wellness programs are good things to have at our VA facilities. The federal government has recognized the benefits of wellness programs and begun encouraging all federal facilities to have such programs for their employees. If designed well, with specific health-related targets and evidence-based interventions, these programs work! They benefit all employees—Veterans and non-Veterans alike. They have been shown to help employees improve their health and retain their good health. Employees who participate in these programs have higher morale, are more satisfied and more productive, and turnover is reduced. Healthy employees use less sick leave and need less medical care. Injuries are reduced along with workers' compensation costs. A positive return on investment has consistently been demonstrated in well designed programs in the private sector.

A lot of very active employee wellness programs can be found in the VHA. Tampa, FL has an extremely active program, as does Richmond, VA; Palo Alto, CA; Gainesville, FL; Cincinnati, OH; Prescott, AZ, and numerous others. Over 60 VA medical centers offer *MOVEmployee!*® to help employees lose excess weight. VISN 23 has employee wellness programs going in all 12 facilities, each with a dedicated wellness coach and increasingly comprehensive programming. Canandaigua, NY has made an online health risk assessment available to all employees there and at the Rochester outpatient clinic, and is now making it available throughout the VISN. Web-based wellness information and other resources are part of the program. Further, Canandaigua is planning a pilot wellness coaching initiative in which certain employees, including some who are Veterans, will receive individual coaching for a period of three months.

Although we typically don't differentiate among employees, some of the participants in our wellness programs are also Veterans. For example, Ame Callahan, the Voluntary Services and Public Affairs Officer in Prescott, Arizona says, "As an employee and a Veteran at the NAVAHCS, wellness programs such as Yoga and Sport Whipple have benefited me greatly in

reducing stress and maintaining my health and well-being."

Offering a vibrant employee wellness program is one way of honoring those employees who are Veterans for their service to our country. However, our patients are all Veterans and perhaps we should expand our programs where possible to include Veteran patients as well. Coordination with the other patient programs such as MOVE! would be important of course in doing this. For example, the Champions' Challenge has been opened to all Veterans and their families. Patients already have access to smoking cessation and weight management services, but may not typically be encouraged to participate in other wellness activities. Wellness fairs should be open to all. A farmers market will draw Veterans to participate. Other activities that could be opened to Veteran patients might include healthy cooking demonstrations or recipe contests, stress management, healthy eating, and a host of similar educational sessions, along with fun runs/walks. Posters encouraging healthy living can be posted throughout the medical center on a rotating basis. A wellness column in the patient newsletter could be a regular feature.

One key to patient participation is notification. Prominent notices of wellness

events can be posted in each medical center, particularly in ambulatory care locations. A notice might be included with patient prescriptions. Mention in both the print and television news media can be quite effective in publicizing events, as can involving the Veterans Service Organizations. Your Public Affairs Officer will no doubt be extremely helpful in getting the word out. The possibilities are limited mostly by our imagination, so let's do whatever we can to bring wellness to everyone!■

News



Motivational Communication Skill Training

NCP has been actively leading efforts to establish a standard curriculum for motivational communication skill training for VHA staff. The aim is to provide training in motivational communication skills and other strategies for facilitating health behavior change to as many VHA clinicians as possible over the course of the next several years. This training will apply to staff in the Patient Centered Medical Home as well as other specialty areas, and is scheduled to begin this fiscal year.

Employee Health Promotion Guidebook

The VISN 23 Employee Health Promotion and Disease Prevention Program is preparing a relatively comprehensive employee health promotion program guidebook for distribution throughout the VHA. The guidebook will cover all aspects of setting up and conducting employee health promotion and disease prevention programs in VHA facilities. Look forward to the guidebook's completion and distribution late this fiscal year (FY10). For more information contact Dr. Ebi Awosika (ebi.awosika@va.gov) or Sandra Schmunk (sandra.schmunk@va.gov) by email.



Contributed by

Sue Diamond, RN, MSN

Program Manager for Community Health

HealthierUS Veterans: Honoring Veterans by Promoting Healthy Eating and Physical Activity

HealthierUS Veterans (HUSV) is an obesity and diabetes prevention initiative designed to educate Veterans, their families, and communities about the health benefits associated with healthy eating and physical activity. The HUSV message is “Eat Healthy—Be Active—Get Fit for Life.” As the lead office in VA for HUSV, the National Center for Health Promotion and Disease Prevention (NCP) is committed to reaching out to Veterans, their families, and communities to promote the HUSV message, and to providing programming, resources, and guidance to staff at local VA medical facilities to support their efforts in encouraging healthy eating and physical activity among the Veterans they serve. The 2008 HUSV Mini Grant Program described below was a successful NCP-sponsored program designed to promote the HUSV message.

2008 HealthierUS Veterans Mini Grant Program

In FY 2008, the NCP sponsored a mini grant funding program in support of the HealthierUS Veterans initiative. The mini grant program was designed to provide seed money to medical facilities for creative and innovative projects in support of HUSV. NCP received more than 160 mini grant applications and awarded forty \$2,500 mini grants and one \$6,000 group grant. The projects promoted the Eat Healthy—Be Active—Get Fit for Life message in a variety of interesting and fun ways. Here are five examples of mini grant projects:

- **Welcome to the WOW Zone: Work Off the Wait** (VA Clinic in Saco, Maine) HUSV mini grant recipients Theresa Stevens, RN, MS and Marie Purser, RN designated an area for exercise in the primary care clinic waiting room at the Saco VA Clinic. They used HUSV grant funds to purchase exercise equipment including pedal exercisers, a mini step exerciser, a stationary bike, and upper body/arm pedal exercisers.
- **STEP UP for Your Health: Promoting Stair Use Among Veterans** (VA Boston Healthcare System) HUSV mini grant recipient Amy Bachand, PhD imple-

mented a project to promote increased stair use among Veterans, their families, and VA Staff at the VA Boston Healthcare System. The project included evaluating the feasibility, participation, and satisfaction related to point-of-decision prompts that encourage people to use the stairs instead of the elevators. The project also enlisted local school children to create artwork honoring Veterans for their service to our country and encouraging them to use the stairs. The artwork was displayed in the main lobbies and waiting areas. One artist captured the idea perfectly by saying “Step Up for Your Health...You have done A LOT for the U.S. Now it’s time to do stuff for yourself?”

- **Learn Healthier Cooking Skills for a Healthier You** (VA Medical Center, Philadelphia, PA) HUSV mini grant recipient Christine Peterson, CRNP, CDE recruited Veterans with a BMI >30 and/or diabetes to attend monthly healthy cooking classes. Each Veteran participant was encouraged to bring a family member or significant other to class. Classes included content on health benefits of cooking, methods of preparation, and healthy, tasty, and economical substitutions.



- **Kansas Walk the Military Trail** (VA Eastern Kansas Healthcare System, Topeka, KS) Honoring the proud affiliation that Veterans have with their branch of service, HUSV mini grant recipients David Scharpenburg and Christine Kleckner implemented a walking competition among five military branches. They also included a civilian team so that employees could participate. Because the two major Army bases in the state of Kansas are

135 miles apart, the project challenged Veterans and employees to walk the equivalent 135-mile distance in 120 days. More than 200 Veterans participated in the challenge. The event included a final mile walk with ROTC students representing each branch of the military, a health fair, and an awards ceremony.

- **Hayward Native American Health EXPO** (Minneapolis, MN VAMC) HUSV mini grant recipients Linda Daninger, APRN-BC and Debra Pederson, RN, MS organized a health

promotion EXPO targeting the Native American Veteran population. The Minneapolis VAMC and the CBOCs in Hayward and Rice Lake, Wisconsin collaborated with the local county Veterans Service Office, local Native American Service groups, and the Lac Courte Oreilles service office to sponsor a Health and Wellness EXPO held on the Lac Courte Oreilles tribal grounds in Hayward, Wisconsin. The EXPO included culturally appropriate health information on numerous healthy lifestyle behavior topics.

NCP compiled a color digest containing descriptions of all 41 HUSV mini grant projects, including impact, key challenges, next steps, and pictures. The HUSV Mini Grant Digest was distributed to mini grant project team members as well as VISN, medical center, and VHA leadership. If you would like additional information about the HUSV mini grant projects or the HealthierUS Veterans Mini Grant Digest, please contact sue.diamond@va.gov ■



Contributed by

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National Program Director for
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(Article reprinted from VHA
Web Communications

[http://www1.va.gov/health/
NewsFeatures/20090831a.asp](http://www1.va.gov/health/NewsFeatures/20090831a.asp))

Scaling Back the Weight with MOVE!

As young adults, our nation's Veterans are the "fittest of the fit." The MOVE! Weight Management Program honors Veterans by providing support and guidance to achieve personal weight management goals. As anyone who has tried to manage his or her weight knows, it takes determination, planning, effort, and courage. Veterans Health Administration Web Communications recently featured MOVE! success stories from Veterans around the country on the VA Health Care page. These Veterans are inspiring their families, fellow Veterans, and others to make healthy lifestyle changes. The exciting story of their successes is reprinted below.



MOVE! participants at Sioux Falls VA celebrate their collective weight loss, equal to the weight of two VW Bugs

Veterans at the Sioux Falls, SD, Medical Center recently celebrated a collective weight loss equivalent to the mass of two Volkswagen Bugs: 4,000 pounds. The participants accomplished this massive feat with the help of VA's national weight management program, MOVE!, and a team of dietitians, psychologists, physical therapists, pharmacists, and social workers.

Rodney Merfeld, a Persian Gulf War Veteran, lost nearly 50 pounds. "He represents a typical person who's been struggling with weight for a long time," said April Ahrendt, a Sioux Falls VA MOVE! dietitian. "He says, 'If I can do it, you can do it.' This is not a diet. It's a change in the way you live." Ahrendt said the Veterans' success lies in the supportive environment. "There's a strong bond with people who have served," she said. "They all encourage each other."

Veterans across the U.S. are losing weight with the MOVE! program. In Omaha, Veteran Don Conley weighed 453 pounds in 2007. His weight caused him to suffer from a dangerous condition called sleep apnea and forced him to take strong doses of diabetes medication. Conley had trouble walking and breathing, and his legs, feet, and back constantly ached; he knew he had to take drastic action. In April of that year, he found MOVE!. "I got tired of not being able to do anything," said Conley. "I woke up one day and said, 'I want to live.'"

He started attending weekly group sessions and consulting with MOVE! staff. By reducing his portion sizes, increasing his activity, and taking weight management medication, Conley's weight started dropping off. "I walk 12-16 blocks once or twice a day," said Conley. "I mow my yard and my neighbor's. I'm getting faster in my walking without losing my breath." He's successfully taken off about 130 pounds.

One of the toughest challenges of Conley's weight loss journey was his participation in an intensive weight management program (IWMP) within MOVE!. He was on an 800-calorie daily liquid formula diet for 10 weeks, followed by a six-week gradual reintroduction of "real" food into his diet and monthly support group meetings. "The goal of our IWMP

level is not only weight loss, but also to break food-behavior associations [similar to Pavlov's dog experiment]," said Adam Losey, Omaha VA MOVE! coordinator and clinical dietician. The IWMP team involved Losey, a nurse practitioner, and a psychologist.

As Conley started losing weight, he stopped relying on assistance aids. At the beginning of his treatment, Conley used a wheelchair for mobility. Soon, he was only using a walker, then simply a cane to keep his balance. "Don has not only improved his life, but has also helped to improve the lives of the other Vets in the classes that he has attended," said Losey, citing Conley as an inspiration to his fellow support group members.

Veteran Charlie Trumble teaches healthy eating habits to a community weight loss group. Trumble, a Syracuse, NY-area Veteran, is a trucker who lost his bad eating habits along with the weight once he began participating in the MOVE! program. Not only has Trumble met his goal weight, he's taken MOVE!'s message out into his community. "We have a [health] epidemic in the country," Trumble said. Using MOVE! handouts and materials, Trumble created a similar program at his church. He's been leading the group of 30 for three years. "I prepare a meal and take it in for them to show that eating healthy can also taste good," he

said. He thinks he must have found the secret to success; even the pastor has lost weight.

Trumble's wife, Phyllis, co-owns a restaurant, The Hometown Diner, in Pulaski, NY. "After I started this health kick, I started cooking different ways at home," said Trumble. "I said, 'You know what? Why don't you try this out at the diner? People might think it tastes good.'" So Phyllis Trumble added healthier options like egg-white omelettes, tuna-stuffed roasted peppers, orange-glazed broiled fish, and veggie burgers. "Business started doubling the next day," said Trumble.

He said he encourages other Veterans to participate in the MOVE! program. By following guidelines and changing his habits, Trumble brought down his cholesterol, triglycerides, and blood pressure levels to a healthy range without medication. "You can change things around," said Trumble. "[MOVE!] gave me my life back." ■



Veteran Charlie Trumble teaches healthy eating habits to a community weight loss group

News



Fiscal Year 2009 Milestones

In the recent fiscal year (FY), VHA staff achieved four major milestones. First, as of Sept 14, 2009, MOVE! had provided care to 200,000 patients since the program began in FY 2005. Second, in the preceding month, the number of clinical encounters for MOVE! topped 1 million. This is a remarkable prevention effort by the staff of the Veterans Health Administration to protect the health of Veterans. The "Scaling Back the Weight with MOVE!" article illustrates the impact of this program on the lives of Veterans and others. Third, FY 2009 marked the first year that performance standards were established for screening Veterans based on weight and offering participation in MOVE! to those Veterans determined to be at risk. In 2000, very few medical records even contained data on current height and weight. For FY 2009, VHA facilities and VISNs were challenged to screen and offer MOVE! to at least 65% of targeted primary care patients. At year's end, the national average for screening and offering MOVE! was 88%, and the average for the last quarter was 92%. Finally, there is fairly strong evidence that patients need a sustained period of ongoing support to achieve weight management goals. The average number of contacts for MOVE! patients has been gradually increasing and is now 5.1 visits per patient. We offer our thanks to all who contribute to MOVE! through primary care screening, providing care, and supporting and encouraging Veterans and staff to participate in MOVE! or MOVEmployee!

In FY 2009, MOVE! and the Office of Telehealth Services launched the new Care Coordination Home Telehealth – Weight Management Disease Management Protocol (CCHT-WM) at the Tampa VA. Utilizing the very successful home messaging program of care administered by the Office of TeleHealth Services, CCHT-WM uses daily interactive communications to support Veterans' weight self-management. At press time, this system of care was being expanded to additional sites in VISNs 1, 8, and 16. We expect CCHT-WM to be generally available in 2010. Details of the program will be discussed on our MOVE! Teleconferences.

UPCOMING CONFERENCE CALLS

**Facility MOVE! Coordinators and
Physician Champion's Call**
2nd Tuesday of the first month
of each quarter

3:00 pm ET

1-800-767-1750, access #59445

• January 12

VISN MOVE! Coordinators Call
2nd Tuesday of the second and
third month of each quarter

3:00 pm ET

1-800-767-1750, access #59445

• February 9

Contributed by

Heather Friesen

Public Affairs Specialist and

Editor of Focus VA

Ralph H. Johnson VAMC

(Article reprinted from Focus VA –
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More to Give—A Veteran, A Teacher Overcomes Cancer: Early Screening Helped Save His Life



Colon cancer survivor Ike Bullard coaches basketball in his gym class at Gregg Middle School in Summerville, SC. After serving in the Marines, Bullard went on to teach for the past twenty years



In 1968, Ike Bullard served as a Marine Corps chopper pilot in Vietnam

Thinking back on his life experiences, Ike Bullard said, “I’ve been a blessed guy.” And some of his life experiences include being shot in the leg in Vietnam, being in a car that rolled seven times, and most recently being diagnosed with colon cancer.

In 1968, Bullard was a Marine Corps helicopter pilot in Vietnam flying troop extract missions. There were times where his helicopter had up to 100 rounds in it, making it look more like a sieve than a chopper. On a mission in August 1968, a bullet hit Bullard this time—right in the leg. He and three other injured men

made it back in time to the medical unit. Bullard was awarded the Purple Heart for his bravery.

After the Marine Corps, he spent 13 years as a businessman before he realized he wanted to coach and teach kids. And at age 38, that’s what he did.

“I just knew my new call to duty was working with young people and athletes,” said Bullard.

He was a high school football player (it was in high school when he walked away from the car accident where his 1957 Ford station wagon rolled seven times). He also played defensive back at East Carolina University, where he went with a VA scholarship.

So it’s no surprise he did well as a football coach for the years to come—starting as a coach at Porter-Gaud in Charleston,

SC, to his current coaching position at Fort Dorchester High School in North Charleston, SC. His love of sports also led him to serve as a chaplain for the Charleston Riverdogs and the South Carolina Stingrays.

However, Bullard spends most of his time as a gym teacher, a mentor and so much more at Gregg Middle School in Summerville, SC.

"He does a lot for our school," said Gregg MS Principal Lori Phillips. "He goes above and beyond to make this school great and to help our kids."

While at Gregg MS, a retired Navy veteran who volunteers there encouraged Bullard to check out the Ralph H. Johnson VA Medical Center to see if he could qualify for a free physical due to his time in Vietnam and exposure to Agent Orange.

"The VA has been part of my entire life starting with my dad's experience," said Bullard. During World War II, his dad suffered a head injury, and was 100% service connected. "I didn't know about my benefits, but I decided to check it out."

In April 2007, Bullard went to the VA and got his free physical. Everything checked out great, except his cholesterol was a little on the high side. As part of the routine check-up, he did a take-home fecal occult blood test (FOBT), which tests for blood in the stool. He mailed it in, not thinking much about it.

The test results came back showing there was blood, and that a colonoscopy was necessary. Not excited about the procedure, Bullard pushed it back to December 2007—after football season.

"I didn't really want to do the colonoscopy, but I had a friend who found out too late that he had colon cancer," said Bullard. "The fear of getting a colonoscopy is nothing compared to finding out it's too late."

On December 21, 2007, he had the colonoscopy and found out he had Stage 2 colon cancer. He had two tumors, and needed two operations to remove them so that he wouldn't need a colostomy bag.

"We just didn't think it would happen to us," said his wife Sharon of 32 years this January. "I didn't expect the colonoscopy to turn into anything."

On January 29, 2008 he had his first surgery, and on February 12, 2008, he had his second surgery that required a 12-day stay for recovery.

"The medical care I had at the VA was phenomenal," said Bullard. "The medical staff and residents were just great."

On the last day of his stay, the Charleston VA medical center checked 29 of his lymph nodes, and there were no signs of cancer.

"When I found out the cancer hadn't spread, I was very thankful," said Bullard.

He and his wife Sharon decided he wouldn't pursue chemotherapy. The odds

of whether or not the cancer would come back were the same.

"We decided that thinking positively and staying physically strong would go a lot further," said his wife Sharon.

They are keeping a close watch to make sure the cancer doesn't come back. He has regular appointments at the VA, including CAT scans and yearly colonoscopies.

"He needs to be here longer—he's got more to offer," said Clebe McClary, a Vietnam hero and good friend of Bullard's who visited him just about every day in the hospital.

Bullard has four sons, Kevin, Jeff, Ashby and Brett. Brett, his youngest son, was with him when he was diagnosed with cancer, and Brett simply asked, "Can it be fixed?"

Bullard thought back on that day and said, "Thank the Lord and VA for fixing it."

Throughout his battle with cancer, Bullard felt blessed for getting through it with support from family, friends and the community. But hearing from his family, friends and the community, they're the ones who feel blessed having Bullard in their lives. ■

"The fear of getting a colonoscopy is nothing compared to finding out it's too late."

Ike Bullard

News



2009 Prevention Report

Thanks to all the facilities and VISNs that submitted 2009 Prevention Reports. We received 153 reports and are using the results to develop plans that will better support efforts to provide the best preventive care to our Veterans.

New Handbook Released

Handbook 1120.05 COORDINATION AND DEVELOPMENT OF CLINICAL PREVENTIVE SERVICES was published on Oct. 13, 2009.

This VHA Handbook:

- designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (OPCS), as the VHA office responsible for clinical preventive services guidance coordination within VHA and
- defines procedures for establishing new and revising existing guidance for clinical preventive services provided to Veteran patients.

Clinical preventive services are those services delivered in the clinical setting for the primary prevention of disease, or for the early detection of disease in persons with no symptoms of the target condition, with the goal of preventing or minimizing future morbidity and mortality. Clinical preventive services typically include:

- screening (for infectious diseases; cancers; heart and vascular diseases; injury and violence; mental health conditions and substance abuse; metabolic, nutritional, endocrine, musculoskeletal, obstetric, and gynecological conditions; and vision

disorders),

- immunizations,
- health behavior counseling, and
- preventive medications.

In preparation for the release of this Handbook, NCP has been working closely with other Offices within VHA and prevention experts in the field to develop a series of "Guidance Statements" that will specify exactly what VHA's guidance is on various clinical preventive services. The Guidance Statements will also include tools to facilitate implementation of the service.

The evidence-based recommendations of the USPSTF and the Advisory Committee on Immunization Practices (ACIP) are used to develop the VHA Guidance Statements, unless there are reasons to differ from these recommendations, such as: existing VHA policy, unique characteristics of the VHA population, VHA-specific implementation issues, or more recent compelling evidence.

The Preventive Medicine Field Advisory Committee (PMFAC) and NCP approve the statements, and then VISN Chief Medical Officers (CMOs) and VISN Preventive Medicine Leaders (VPMLs) are invited to submit comments on any anticipated implementation barriers and/or best practices. Once these comments have been received and considered, the Guidance Statements will be posted on a new section of the NCP web site.

Look for future announcements about these new web pages and the release of specific Guidance Statements!

US Preventive Services Task Force/ Agency for Healthcare Research and Quality

Guide to Clinical Preventive Services,

2009: The Guide to Clinical Preventive Services, 2009 includes U.S. Preventive Services Task Force (USPSTF) recommendations on screening, counseling, and preventive medication topics and includes clinical considerations for each topic. This new pocket guide is an authoritative source for making decisions about preventive services. The USPSTF is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. The pocket guide covers all USPSTF recommendations from 2002 through March 2009. Single print copies of the pocket guide are available for free from the Agency for Healthcare Research and Quality (AHRQ) Publications Clearinghouse at: 1-800-358-9295 or AHRQPubs@ahrq.hhs.gov. Ask for The Guide to Clinical Preventive Services, 2009 (AHRQ Publication No. 09-IP006). <http://www.ahrq.gov/clinic/pocketgd.htm>

- **Updated breast cancer screening recommendations from the US Preventive Services Task Force (USPSTF):** The USPSTF issued updated recommendations for breast cancer screening in the November 17, 2009 issue of the *Annals of Internal Medicine*. The recommendations include:
 - Recommendation for screening every 2 years with mammography for women aged 50-74 (B recommendation).
 - The decision to start regular



biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms (C recommendation).

- **Insufficient evidence** to recommend for or against screening women 75 years of age and older.
- **Insufficient evidence** to recommend for or against clinical breast exam (CBE). The evidence is insufficient to assess the additional benefits and harms of CBE beyond benefits of mammography for women 40 years of age and older. This leaves some uncertainty as to whether women in their 40s who don't want mammograms should have CBEs.
- Insufficient evidence to recommend for or against using digital mammography or MRIs in place of film mammography.

- Recommendation against teaching breast self exam (BSE) during clinical visits (D recommendation).

For more information on the USPSTF recommendations go to: <http://www.ahrq.gov/clinic/uspstf/usp-brca.htm>

These updated recommendations have sparked some interesting debates and public reaction. A VHA Clinical Guidance Statement on Breast Cancer Screening is in development per the processes outlined in VHA Handbook 1120.05 and will be disseminated once approved.

- **Updated depression screening recommendations from the US Preventive Services Task Force (USPSTF):** The USPSTF issued updated recommendations for depression screening in the

December 1, 2009 issue of the *Annals of Internal Medicine*. The recommendations include:

- Recommendation *for* screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up (B recommendation).
- Recommendation *against routine* screening adults for depression when staff-assisted depression care supports are not in place. There may be considerations that support screening for depression in an individual patient (C recommendation).

For more information on the USPSTF recommendations go to: <http://www.ahrq.gov/clinic/uspstf/usp-saddepr.htm>

News



2009 MOVE! Annual Report

Thanks to all facilities for submitting their 2009 MOVE! Annual Reports in October. The MOVE! Annual Report is critical to helping VHA measure variation across sites with respect to the MOVE! Program. Evaluation summaries will be available no later than January 2010 and for the first time will include data on patient weight change by facility (including Medical Centers, Hospital Divisions, and CBOCs). When released, these summary reports will be available at the MOVE! intranet web site: <http://vaww.move.med.va.gov>.

2009 Facility Prevention Program Report

Thanks for all facilities for submitting their facility Prevention Program Report this past summer. The results from this report have been presented on a recent VISN Preventive Medicine Leaders call and a PowerPoint presentation summarizing the results is available at the NCP Sharepoint Site: <http://vaww.national.cmop.va.gov/ncp/prevention/2009%20Prevention%20Report/Forms/AllItems.aspx>

Recent Publications involving current NCP Staff:

Predictors of long-term mortality after bariatric surgery performed in Veterans Affairs medical centers.

Arterburn D, Livingston EH, Schiffner T, Kahwati LC, Henderson WG, Maciejewski ML. Arch Surg. 2009 Oct;144(10):914-20.

Summary: This paper is the first study describing the experience of patients who receive bariatric surgery within the VHA. The 856 veterans who underwent

bariatric surgery in the VHA between 2000 and 2006 had a mean body mass index (BMI) of 48.7, a mean age of 54 years, and 73% were men. Fifty-four veterans (6.3%) had died by the end of 2006. Patients with a BMI greater than 50 and/or who had a higher comorbidity burden had an increased likelihood of death by the end of follow-up observation (in 2006).

The effectiveness of worksite nutrition and physical activity interventions for controlling employee overweight and obesity: a systematic review.

Anderson LM, Quinn TA, Glanz K, Ramirez G, Kahwati LC, Johnson DB, Buchanan LR, Archer WR, Chattopadhyay S, Kalra GP, Katz DL; Task Force on Community Preventive Services. Am J Prev Med. 2009 Oct;37(4):340-57.

Summary: This systematic review, conducted on behalf of the **Task Force on Community Preventive Services**, describes the effectiveness of worksite-based interventions in the area of nutrition and physical activity. This review found that these programs achieve modest improvements in employee weight after 6-12-months of follow-up. A pooled effect estimate of -2.8 pounds (95% CI=-4.6, -1.0) was found based on nine RCTs, and a decrease in BMI of -0.5 (95% CI=-0.8, -0.2) was found based on six RCTs. Most of the studies combined informational and behavioral strategies to influence diet and physical activity; fewer studies modified the work environment (e.g., cafeteria, exercise facilities) to promote healthy choices.

Design and dissemination of the MOVE! Weight-Management Program for Veterans.

Kinsinger LS, Jones KR, Kahwati L, Harvey R, Burdick M, Zele V, Yevich SJ. Prev Chronic Dis. 2009 Jul;6(3):A98. Epub 2009 Jun 15.

Summary: This paper describes how the MOVE! Program was designed and disseminated within the VHA system. It is good citation to use whenever citing MOVE! in scientific manuscripts, formal reports or other presentations.

Meet Millie Long, MD, MPH - UNC Preventive Medicine Residency Program

NCP's newest preventive medicine resident is Millie D. Long MD, MPH. Dr. Long received her undergraduate degree from the University of North Carolina-Chapel Hill as a Morehead Scholar. She attended medical school at the University of Virginia during 1998-2002. She then completed an internal medicine residency and chief residency at University of Alabama-Birmingham. Dr. Long earned a Masters of Public Health degree in epidemiology at the University of North Carolina-Chapel Hill while also completing a fellowship in Gastroenterology and Hepatology during 2006-2009. She is currently a second year preventive medicine resident at the University of North Carolina-Chapel Hill.

Dr. Long is a North Carolina native. She was raised in Chapel Hill. Her interests in health care include the prevention of complications from digestive diseases and quality improvement.



Veteran Helps Other Veterans

Arthur Hunter knows about helping. The 54-year-old Army Veteran came to the VA medical center in Martinsburg, WV two years ago for treatment of several health problems including hepatitis C. While undergoing treatment, he attended the hepatitis C patient education program. “It really helped me and gave me information that I needed,” he says. “When she asked me to come back and talk with other Veterans about my experience, it didn’t seem right to say no because I had got so much help.”

“She” is Beverly Van Metre, RN, Clinical Programs Coordinator for HIV, HCV, and Pain Management, who started the program 10 years ago. “Art is friendly and articulate, and he was very conscientious about his treatment. When he tells his story, the other Veterans hang on every word and ask him lots of questions. He enriches the class immensely,” she said.

The class is a 2-hour session held twice monthly for Veterans who have hepatitis C infection and their families or significant others. It explains how the infection works in the body, how to protect others from getting infected, and how to prevent serious damage to the liver. It dispels myths about hepatitis C, helps Veterans prepare for treatment evaluation, and describes the treatment process and potential side effects. Participants also learn about hepatitis A and B infection and vaccination.



Art Hunter helps other Veterans as a peer educator in their Hepatitis C patient education program

The class is informal and very interactive. “We start by asking participants to share what they know about hepatitis C and their own experiences of having the infection,” Van Metre explains. “I give them information about the infection and the treatment process, and Art talks about his experiences. That generates a lot of discussion. We recap with the VA video, *Ground Zero*, that covers liver biopsy, transmission prevention, treatment options available in the VA, and side effects of treatment. We also discuss how to be referred for treatment evaluation.”

“I tell my own story as honestly as I can,” Art said. “I tell them about my life, my treatment, and the setbacks I had. I don’t sugarcoat it—it was difficult, and I had some adverse reactions, but I completed it successfully. Their problems may not be as bad as mine. I think it helps to talk to someone who’s gone through what you’re experiencing. Sometimes Veterans stop me in the hall to ask more questions or tell me how they’re doing. Sometimes they tell me I helped them, and that feels great.”

Veterans learn about the program in a

Contributed by

Barbara H. Snyder, MPH

Health Education Coordinator,
Veterans Health Education and
Information

variety of ways, including word of mouth from other Veterans. Class descriptions are posted on the medical center website and the My HealtheVet website. Patient Education Class Schedules are distributed to the primary care teams. Van Metre receives consults from providers and monitors the hepatitis C case registry to identify newly diagnosed Veterans.

“There’s a very strong information network among Veterans,” Van Metre said. “They’re very committed to helping each other, but sometimes their information is not accurate so misinformation gets passed along. Because Art is a certified peer educator and we co-teach the class, the Veterans have confidence that they’re getting full and correct information. That’s very important to us.”

Art went through the Voluntary Service peer educator certification process which included finger-printing, a security check, an orientation process for being a volunteer, and a class to reinforce the importance of protecting the confidentiality of other Veterans’ personal information.

“I live here now. I stay where my help is,” Art said. “I got the help I needed here, and I get great satisfaction knowing I’m helping other Veterans.”

For further information, contact:

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News



Selection of Becky Hartt Minor as Office of Veterans Health Education and Information (VHEI) Health Educator

Becky Hartt Minor has been selected as Health Educator for VHEI. Becky received her Master's in Health Education from West Virginia University and has extensive health education experience in medical care and community settings. Most recently, Becky was Program Director, National Cancer Institute's Southeast Region Cancer Information Service at Duke University. She has also served as Program Director for the Virginia Breast and Cervical Cancer Detection Program and as Health Education Coordinator at the Virginia Department of Health, Richmond, VA. Becky's expertise in health education in clinical settings and prevention in the community compliments VHEI's mission. I know you will enjoy getting to know Becky and working with her.

Enhancing Health Literacy Courses

The three Health Literacy courses to be available to VHA staff cover:

- Selecting and designing print materials to enhance health literacy
- Communication skills to enhance health literacy
- Assessing environmental health literacy

The field test for the three courses will begin in mid-February. It will provide feedback from the clinical disciplines for whom the courses are designed, and will also determine the number of continuing education units that will be awarded for completing each course. The courses should be available to the field on the Employee Education System Learning Management System by the middle of March.

UPCOMING CONFERENCE CALLS

VHEI Patient Education Hotline
1st Tuesday of the month

1:00 pm ET

1-800-767-1750, access #16261

- January 5, February 2, March 2



CALENDAR *of* EVENTS

ACIP MEETING (CDC)

February 24-25 in Atlanta, GA

NCP CONFERENCE CALL

2nd Tuesday of the month

1:00pm ET

1-800-767-1750, access #18987

January 12, February 9, March 9

Topics:

January 12 - New Developments and Emerging Trends
in Worksite Wellness

February 9 - VHA Clinical Preventive Services
Guidance

March 9 - Using Technology to Support
Weight Management

Address suggestions, questions,
and comments to the editorial staff:

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NCP MISSION

The VHA National Center for Health Promotion and Disease Prevention (NCP), a field-based office of the VHA Office of Patient Care Services, provides input to VHA leadership on evidence-based health promotion and disease prevention policy. NCP provides programs, education, and coordination for the field consistent with prevention policy to enhance the health, well-being, and quality of life for Veterans.

